Express Chair Request

Red dot indicates "to be evaluated"

of Modification Request Forms: 1 2

Green dot indicates evaluated; does not mean "go" or "approved"

POSTERIOR

RESTORATION Progress Form

Ca	n	d	İ	d	a	te	À	S	e	q	u	e	n	ti	a	-	
	-	-			.1		i.	ď			_						

Cubicle #:

0	ما: ام	4 a ID	
DIAM		I CA ID	
PLAU	el irba	LAD	ERE

Test Site:____

Lesion Approval Patient's Name:	If this patient is being "shared," please list other candidate's sequential # here:
Assistant's Name:	<u></u>
Candidate: Circle Tooth Number & Check Restoration Type 1	All notionts returning from the
Candidate initials affirming the contact is closed upon initial submission Attach radiographs to the top of the contact is closed upon initial submission	his page: Pink Dot Cap
ANESTHETIC RECORD	
If a local anesthetic were to be used on this patient you would provide: Type(s) of Injection (Infiltration/Block): Anesthetic(s) (Brand/Generic Name):	Checked by CFE
Quantity of Anesthetic (cc) Expected to use:	Exposure
Vasoconstrictor (Concentration):	Blue Dot
Has the patient previously rec'd anesthetic the same day? Yes No Anesthetic and Dose:	Checked by CFE Mechanical:
Approval for Initial Anesthetic Examiner #:]
Additional Anesthesia - Anesthetic and Dose:	Misdiagnosis #1
Approval for Additional Anesthetic Examiner #:	CFE CFE
For this Procedure Quantity of Anesthetic (cc)Actually used	
PRE-TREATMENT MEDICATION (if required)	Misdiagnosis #2
Medication(s) (Brand/Generic Name) Dosage/When Taken	
Candidate Notes/Comments to Examiners (This is not a Modification Request). Candidate: Plea examiner #, initials and time after each comment. Examiners: Please enter your examiner # aft	ase number each comment. If back side is used so note. CFE: Place

CANDIDATE'S NOTES and COMMENTS TO EXAMINER, CONT'D (Not Modification Requests):

Candidate: Number each comment CFE: Place your examiner number, initials, and time noted after each comment
